FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H25528 (1)

1. Corporation Name
RIANDER HOMES, INC.

Principal Place of Business
19922 MONA RD.
TEQUESTA FL 33469

Mailing Address
19922 MONA RD.
TEQUESTA FL 33469

3. Date Incorporated or Qualified: 10/15/1984
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21 19940 MONA Rd
Suite, Apt. #, etc.
22 # 2
City & State
23 TEQUESTA FL
Zip
24 33469
Country
25 PALM BCH.

2a. Mailing Address
26 19940 MONA RD
Suite, Apt. #, etc.
27 # 2
City & State
28 TEQUESTA FL
Zip
29 33469
Country
30 Palm Bch

4. FEI Number: 59-2473232 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MONCHICK, MICHAEL J.
1501 OLD OKEECHOBEE RD
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	BELL, GREIG C.		1 2 NAME	
STREET ADDRESS	5521 OLD MYSTIC CT		1 3 STREET ADDRESS	152 E. HAMPTON WAY
CITY-ST-ZIP	JUPITER FL		1 4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	LETENDRE, DENNIS C.		2 2 NAME	
STREET ADDRESS	18711 S.E. RIVER RIDGE		2 3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL		2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DENNIS C LETENDRE 4/15/96 407-744-1612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)